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ABSTRACT

This guide was developed to accompany a 43-minute video that introduces early intervention personnel to the transdisciplinary (TD) assessment process. The transdisciplinary team consists of the family and professionals from various disciplines, working together to share information and skills across disciplinary boundaries in assessment, program planning and implementation, and evaluation of progress. It is an arena model in that one team member is prepared and authorized to interact with the child and family to elicit a range of child behaviors while other team members observe. The guide illustrates a six-step assessment process leading to the development of an Individualized Family Service Plan. The six steps include: pre-assessment home visit, pre-assessment planning meeting, arena assessment, post-assessment review meeting, report writing, and debriefing. Five supporting activities, with varying levels of learning and time requirements, are provided to help viewers of the videotape achieve a deeper understanding of the assessment process. These activities include: reviewing the video with guided observation, reviewing the video with guided observation and group discussion of the individual steps, group discussion of the TD model and process, analysis of current team process, and goal setting by the team. Appendixes provide assessment forms, a checklist for guided observation, and a list of 35 references. (JDD)

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RESOURCES

transdisciplinary arena assessment process viewing guide

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A Resource for Teams

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TRANSDISCIPLINARY
ARENA ASSESSMENT PROCESS
VIEWING GUIDE

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PREFACE

Child Development Resources, Inc., (CDR) in Lightfoot, Virginia, is a private, nonprofit agency that provides services for young children and their families and training for the professionals who serve them. CDR has won national recognition for the quality of its early intervention programs, for its commitment to family-centered services, and for its training and technical assistance to early intervention professionals throughout the United States. CDR's Training Center provides institutes, workshops, individualized on-site training, program evaluations, and consultations.

In addition to the services provided by the Training Center, CDR has developed a number of early intervention materials for use by families and service providers. The *Transdisciplinary Arena Assessment Process,* a 43-minute video, and the accompanying *Viewing Guide* were developed to introduce early intervention personnel to the transdisciplinary assessment process.

For additional information about training opportunities provided by the CDR Training Center or for a list of the early intervention materials available, contact:

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PART I

INTRODUCTION

INTRODUCTION

Purpose

In recent years, early intervention providers have moved toward models of child assessment that require participants from a variety of disciplines to work closely together with the family as active members of a team. One such model is the transdisciplinary (TD) arena model.

The TD arena assessment requires a high level of team interaction. Team members from varying disciplines and with a wide array of expertise are willing to share their skills, knowledge, and experiences and to learn skills and information from other team participants. Parents are viewed as full decision-making members of the team, participating at the level that is most comfortable for them. The unique knowledge that each team member brings to the process leads to a more accurate assessment of the child and to the development of an integrated and family-centered service plan.

The videotape, *Transdisciplinary Arena Assessment Process,* illustrates a six-step process of assessment leading to the development of an Individualized Family Service Plan (IFSP).

Video Participants

Lauren was approximately 30 months old at the time the videotape was made. The video shows the fifth assessment in which she and her mother, Cheryl, participated while enrolled in Child Development Resources' (CDR) Infant-Parent Program. Lauren's disability has not been clearly identified, although a genetic syndrome is suspected. She has several physical anomalies including a cleft palate, unusually shaped ears and eyes, and unusual structure of fingers and thumbs. She also has a small body size. Medical assessments include neurological, genetic, cleft palate, dental, and ear, nose, and throat (ENT). Lauren has had numerous ear infections and has had tubes inserted. Initial concerns about Lauren's development were suspected hearing loss, low muscle tone, and motor delay, fine motor and oral-motor problems.

At the time of this assessment, Lauren's expressive language delay was the team's major developmental concern. Deana Buck, whose background is speech and education of the hearing impaired, was chosen by the team as the assessment facilitator. Sheri Osborne was selected as coach to assist Deana in the assessment and to chair the pre-assessment meeting. Other team members included Adrienne Frank, occupational therapist; Lisa Rogers, social worker;

Debra Carlotti, educator; and Debbie Usry, speech pathologist. Kathy Phillips, case manager (service coordinator) and primary service provider, visits weekly in the home to assist Cheryl in carrying out the IFSP.

Use of the Viewing Guide and Video

The *Transdisciplinary Arena Assessment Process Viewing Guide* is most useful if read in its entirety prior to viewing the videotape. Five optional supporting activities (pages 21-27) may be used to help viewers achieve a deeper understanding of the TD assessment process. Viewers may select activities that match the level of desired learning, the time available, and the type of training (individual or group) being conducted. Decide which supporting activities will be used before viewing the tape.

The video, *Transdisciplinary Arena Assessment Process*, begins with a brief introduction to the process. Then, each step of the six-step assessment process is illustrated. For each section of the videotape illustrating one of the six steps, the *Viewing Guide* provides a written introduction and a summary of the most important characteristics of that step.

Supplemental materials are also provided in the appendixes of the *Viewing Guide.* These materials may be used to enhance the viewer's understanding of the TD assessment process.

PART II

THE TRANSDISCIPLINARY APPROACH TO EARLY INTERVENTION: AN OVERVIEW

THE TRANSDISCIPLINARY APPROACH TO EARLY INTERVENTION: AN OVERVIEW

Definition of the Transdisciplinary Team

There are many definitions of transdisciplinary (TD) teams. The following definition is based on the classic work of the National Collaborative Infant Project and on the experiences of the Child Development Resources early intervention and training staff:

> The early intervention transdisciplinary team consists of the family and professionals from various disciplines. The TD team works together to share information and skills across disciplinary boundaries in assessment, program planning and implementation, and evaluation of progress. The TD team authorizes one person to have primary responsibility for carrying out, with the family, the integrated program developed by the team with role support from other team members.

Principles of the Transdisciplinary Approach

The TD approach to early intervention is based on the premise that the young child is a whole being rather than a collection of separate parts and that child development is an integrated and interactive process. The complexity of developmental problems in early life and the interrelated nature of infant development indicate that the service needs of young children are best met when professionals from a variety of disciplines cooperatively plan and deliver integrated services in collaboration with the family.

The role of the family is central to the TD team. The team believes that the unique dependence of very young children on their families requires that each child be served within the context of his or her family. TD programs consider families to be not only consumers of early intervention services but also full decision-making members of the team.

Many TD teams have found family systems theory a helpful framework for planning services. They understand the family as a system with its own structure, role, and values. The family system is itself part of a larger system of extended family, friends, and social support that in turn is part of a still larger ecology that includes formal institutions and government.

It is critical to the TD approach that professionals from diverse disciplines have processes for team interaction that allow them to make the best use of staff time and of the skills and expertise of individual team members. TD teams structure team interaction in ways that allow, encourage, and even require team members to transcend the confines of their own disciplines to teach and learn across disciplines.

This crossing of disciplinary boundaries is made possible by a process of formal and informal exchange called "role transition" (United Cerebral Palsy National Collaborative Infant Project, 1976). The role transition process allows TD teams to exchange information, knowledge, and skills across disciplines. One person, together with the family, accepts primary responsibility for carrying out the plans and recommendations of the entire team with guidance, support, and consultation from colleague team members.

Role transition is a time-consuming and highly interactive process and requires frequent team meetings. However, TD teams find that the benefits of increased communication and awareness across disciplines and integrated, cost-effective service delivery outweigh the difficulties inherent in implementing role transition.

There are, of course, limits to which role transition is practical, desirable, and ethical. It is important that team members not be expected to carry out strategies without adequate preparation and competence in each new skill. It is a misuse of the process when team members are asked to carry out strategies that are legally and ethically the responsibility of another discipline. The team considering the TD approach should understand both the benefits and limitations of role sharing.

In summary, the transdisciplinary approach is based on the following underlying principles:

- The young child is an integrated being not a collection of separate developmental domains such as gross motor, cognitive, or language.

- Complex, multifaceted developmental problems of young children with special needs require that professionals from a variety of disciplines work cooperatively to provide integrated services.

- The unique psychological, physical, and emotional dependence of very young children on their families requires that young children with special needs be served within the context of the family and the community.

- Families are decision makers on TD teams. One decision that they make is their level of team participation.

- Cross-disciplinary teaching and learning support all aspects of team interaction.

PART III

THE TRANSDISCIPLINARY ASSESSMENT PROCESS

THE TRANSDISCIPLINARY ASSESSMENT PROCESS

Requirements for Multidisciplinary Team Assessment

The TD assessment process is consistent with the family-centered philosophy and requirements of Part H of IDEA (Individuals with Disabilities Education Act, formerly P.L. 99-457) for a multidisciplinary team approach. In the TD assessment, team members from multiple disciplines are selected, in collaboration with the family, on the basis of the child's individual needs. The family chooses its level of involvement in the assessment, and the team works collaboratively with the family to achieve a comprehensive view of the child.

Part H requires that early intervention providers must perform a "timely, comprehensive, multidisciplinary evaluation of each child, birth through age two, referred for evaluation, including assessment activities related to the child and family" (P.L. 99-457 Regulations, Section 303.322). Evaluation is defined as the procedures used to determine "initial and continuing eligibility" (P.L. 99-457 Regulations, Section 303.322). Assessment means the continuing procedures used to identify the child's unique strengths and needs; the family's concerns, priorities, and resources; and the support services necessary to enhance the developmental needs of the child. Initial evaluation and assessment of the child, including health and developmental status in five areas, may be completed in a single process and must be "conducted by personnel trained to utilize appropriate methods and procedures, based on informed clinical opinion" (P.L. 99-457 Regulations, Section 303.322).

Nondiscriminatory procedures and parental consent are required under the law. Tests and evaluation procedures must be administered in "the parent's native language" (P.L. 99-457 Regulations, Section 303.322) and must not be racially or culturally discriminatory. No single procedure may be "used as the sole criterion for determining a child's eligibility" (P.L. 99-457 Regulations, Section 303.322). Written parental consent must be obtained prior to conducting the initial evaluation and assessment.

In addition to an assessment of the child, identification of the family's resources, priorities, and concerns may be done with the family's permission. This is a dynamic process, formal or informal, of discovering what the family identifies to be their concerns, priorities, and resources related to meeting the developmental needs of their child.

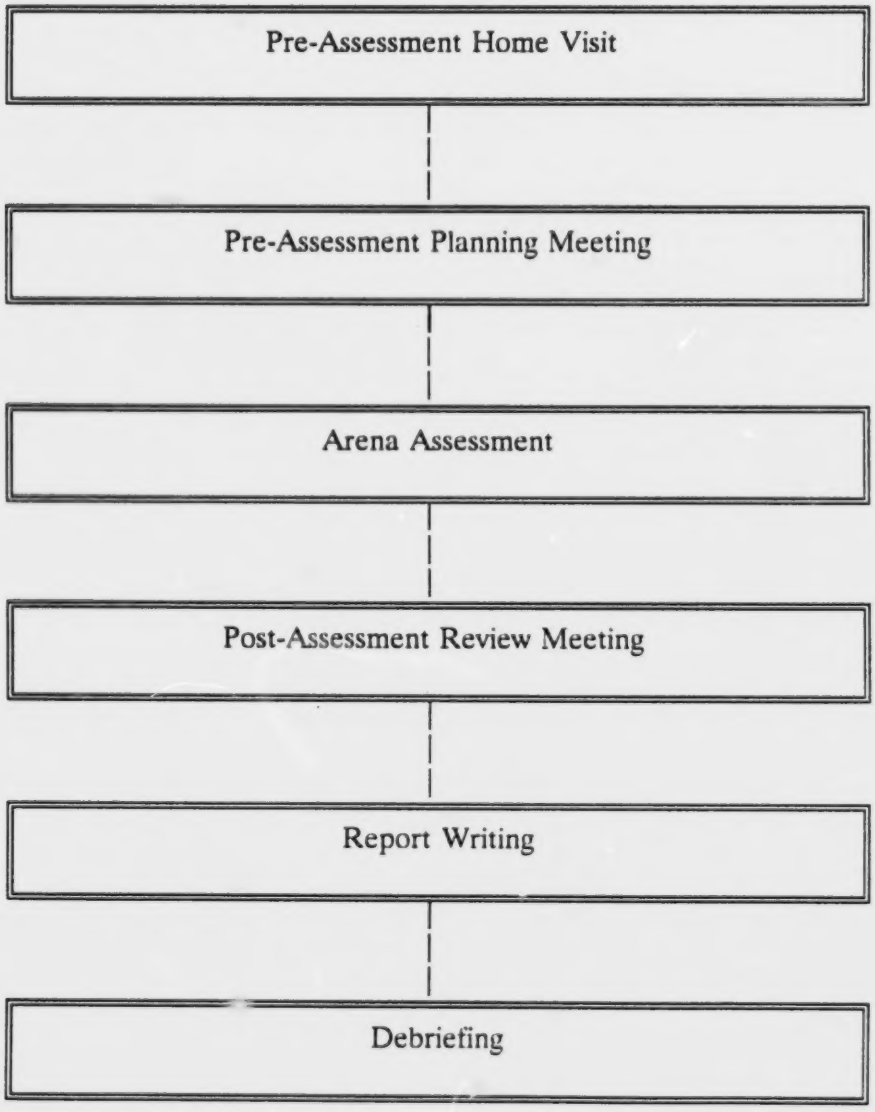
The identification of concerns, priorities, and resources "must be voluntary on the part of the family" (P.L. 99-457 Regulations, Section 303.322). When used, it must be conducted by personnel trained to use appropriate methods and procedures. It must "be based on information provided by the family through a personal interview" (P.L. 99-457 Regulations, Section 303.322) and must be related to enhancing the development of the child. The initial identification of concerns, priorities, and resources, if conducted, must be completed within the 45-day time line.

Steps in the Assessment Process

The TD model of evaluation and assessment is a six-step process (see Figure 1) that begins with the preparation of both the family and staff. During the actual assessment, called the "arena," one member of the team interacts with the child and family while other members observe. The post-assessment review meeting usually follows the assessment. IFSP development usually takes place during this meeting. During the report writing step, the team develops a more formal assessment report and IFSP using the drafts developed during the post-assessment meeting. The last step, debriefing, allows the team to evaluate the entire process and gives team members the opportunity to review and learn from the assessment.

Figure 1

SIX-STEP TRANSDISCIPLINARY ASSESSMENT PROCESS



Step 1: Pre-Assessment Home Visit

The first step of the TD assessment process is a visit with the family in their home, or in another setting if the family prefers. One member of the staff makes this visit a few days prior to the arena assessment. The purpose of the pre-assessment home visit is to gather information from the family that will help the staff plan for the assessment and to share information so that the family can prepare for their participation. The pre-assessment home visit provides time for families to ask questions about the assessment and to share their concerns and priorities related to their child's development.

During the visit, family members are asked to make several decisions. They are asked to determine the level of participation they want to have in the assessment. For example, a family member may wish to be the facilitator of the assessment, to work with the facilitator in encouraging the child to demonstrate skills, or to be an observer. Family members are asked to consider their priorities for their child and for themselves in relation to the child. Finally, they are asked to decide whether they would like to attend the pre-assessment planning meeting (Step 2) to share their ideas and priorities with the rest of the team. If the family chooses not to attend the planning meeting, they may authorize another team member to share pertinent planning information and the family's priorities during the planning meeting.

CDR's Project Trans/Team Outreach has developed some written materials that can be used at the pre-assessment home visit. They can be found in Appendix A.

- Pre-Assessment Planning with Families

  The "Pre-Assessment Planning with Families" is a checklist that can be used as a guide in discussing pertinent information with family members during the pre-assessment home visit.

- Pre-Assessment Family Questionnaire

  The "Pre-Assessment Family Questionnaire" is given to the family to help them organize their thoughts prior to assessment. It provides an opportunity for families to bring their ideas to the planning meeting or post-assessment review meeting in written form.

- About Assessment Day

  "About Assessment Day" is a reminder for families so they know what to bring, what time to come, and whom to call. It provides a general description of the assessment process.

The following statements summarize the pre-assessment home visit:

- Information is gathered from the family that will help staff plan for the assessment.
- The family is given specific information on how they can prepare for the assessment.
- The family determines the level of participation they desire in the assessment.
- Parents are asked to consider their priorities for their child and family and to come prepared to share some of these goals during the post-assessment staffing or IFSP planning meeting. Pre-assessment surveys or interview forms may be used to help parents prepare for discussion of these issues.

Step 2: Pre-Assessment Planning Meeting

The pre-assessment planning meeting takes place after the pre-assessment home visit but prior to the actual arena assessment. The purpose of this meeting is for team members to share information and plan for the arena assessment. Because the structure of the arena assessment is determined by child and family needs and priorities, individualized strategies to carry out the assessment must be planned.

The composition of the team is also determined by the needs of the child and family and may change at each assessment. The members of the TD assessment team include the family and professionals and paraprofessionals who bring a variety of disciplines, expertise, and experiences. Disciplines represented may include special educators, speech and language pathologists and audiologists, occupational therapists, physical therapists, psychologists, social workers, nurses, nutritionists, family therapists, orientation and mobility specialists, pediatricians, and other physicians.

During the pre-assessment planning meeting, team roles for the arena assessment are assigned. These roles include facilitator, coach, assessment observer(s), and recorder. On an arena assessment team, these roles change to meet the specific needs of each child and family and to promote teaching and learning across disciplinary boundaries. Roles include the following:

Facilitator:	The team member responsible for interacting with the child and family, if a family member is not the facilitator.
Coach:	The person who serves as the facilitator's helper, providing and gathering toys or reminding the facilitator about behaviors the team hopes to see.
Observers:	Silent members of the team who observe and record behavior across disciplinary boundaries.
Recorder:	The person who takes notes during the post-assessment meeting.

The pre-assessment planning meeting is *not* a time to discuss family issues or to plan for implementing the IFSP. It is a time for information from the family to be shared, either by the family member(s) attending the meeting or by the service coordinator and service providers closest to the family. During the meeting, team members discuss what each hopes to learn during the assessment and suggest strategies that the facilitator might use to create situations in which the desired child behaviors will occur. It is a time for preparing all team members to observe all areas of development as well as for preparing the facilitator and coach for the assessment activities.

During this planning meeting, the team identifies assessment activities that can be used to accomplish multiple developmental tasks. For example, stacking blocks can be used to show how the child plays with objects, how the toys are held, and how well directions are followed. The facilitator asks for clarification of activities or strategies as needed. Team members may be asked to demonstrate an activity to make sure that the facilitator will be able to carry it out effectively during the assessment. The team discusses the use of the assessment space and any modifications needed to encourage the child's exploration and play. Prior to the arena, staff members will arrange the space to meet the individual needs of the child and family and will assemble toys needed for activities identified by the team.

Considerations for the Pre-Assessment Planning Meeting, found in Appendix A, is a checklist that helps the team prepare for their roles, choose

toys or equipment, determine the sequence of events, and make adaptations for the child's unique needs.

The following statements summarize the pre-assessment planning meeting:

- Team members share information from the pre-assessment home visit to plan the arena assessment. The family may or may not attend, depending on the role they choose.

- The team identifies the arena assessment facilitator if a family member does not choose this role. The facilitator is responsible for interacting with the child and family during the arena assessment and for trying to elicit those child behaviors that the team would like to observe.

- Sometimes the team chooses a coach to help the facilitator during the arena assessment. If the team has many specific instructions for the facilitator or if the assessment is particularly complicated for any reason, the coach reminds the facilitator of the team's requests and serves as an extra pair of hands.

- The team members who will be observing tell the facilitator what questions the family and other team members hope the assessment will answer and what aspects of behavior they are most concerned about or would like to see demonstrated. Strategies for creating situations in which the desired behaviors can occur are suggested.

- Team members share concerns that are particularly relevant to their own disciplines or areas of expertise and alert one another to look for specific aspects of child behavior.

- Topics discussed include preparing the family, structuring the environment, presenting toys or tasks, sequencing events, and unique characteristics of the child that may affect the way in which the assessment is conducted.

Step 3: Arena Assessment

The TD assessment is an *arena* model. One member from among the team is prepared and authorized to interact with the child and family to elicit, for all team members, the range of child behaviors they hope to observe. The

purpose of the arena is to provide the team with an understanding of the child's typical behaviors, unique strengths and needs, and current levels of development across domains. By assigning one person to interact with the child and with all team members observing, the team is able to obtain a comprehensive view of the child.

Families are provided with support and encouragement to participate as actively as they desire in the arena. The facilitator or coach is responsible for helping to make the experience a comfortable one for the family. During the arena, it is important to follow the child's lead. By structuring the environment and choosing the toys that are likely to elicit a child's interest, the team can follow a child's choice of activities and can build on that interest to accomplish the next assessment tasks. Behaviors that are not observed spontaneously can be elicited by the assessment facilitator as the child becomes comfortable in the assessment. It is also important to be flexible to meet the emergent needs of the child or family. If the child becomes anxious or fatigued, the assessment ends and continues at a later date.

The assessment usually takes about 45-60 minutes. The facilitator sits on the floor in the center of the room with the child and family member(s). Team members sit so that each has an opportunity to observe th child's play from a different angle. The facilitator serves as the "hands" for the "brains" of the rest of the team. Other team members, who observe and record the child's responses and behavior, free the facilitator to interact with the child and family. The observers record child behaviors in all areas of development using a variety of resources and clinical skills. Resources frequently include developmental checklists and criterion-based instruments. Standardized instruments are not used in the arena process but may be used at another time if desired by the team or if needed to determine eligibility.

During the IFSP meeting, team members will have an opportunity to discuss their observations and to ask additional questions not addressed by the facilitator during the assessment. If further evaluations are necessary, those also are discussed at the IFSP meeting and plans are made to integrate the information from all evaluations into the plan.

It is important to remember that this is only one of many opportunities to gather information about the child's development. When combined with information gathered during the pre-assessment home visit, the parent's reports of activities at home, and additional opportunities to observe the child's behavior at home and at the center, observations from the arena assessment give the team a broad and ecologically valid overview of the child's development and unique needs.

The following statements summarize the arena assessment:

- The facilitator, child, and family member(s) sit in the middle of the floor. All other team members sit in a circle or semicircle around them.

- Only the family and the assessment facilitator interact with and handle the child. This reduces the physical intrusiveness of the assessment process on the child. A family member may choose to be the facilitator.

- A coach may also be chosen to assist the facilitator or to remind the facilitator of activities or team instructions when necessary.

- All assessment team members participate in the arena. The facilitator is not the person who "does" the assessment. Rather, the facilitator serves as the "hands" for the "brains" of the team. Other team members, as observers and recorders of the child's responses and behavior, free the facilitator to interact with the child and family.

- All team members are responsible for observing and recording child responses across developmental domains. Responsibility for observation crosses disciplinary boundaries.

- All staff members share responsibility for ensuring the success of the arena assessment.

- Families are provided with support and encouragement to participate as actively as they desire in the arena. When a staff member serves as the facilitator, he or she is responsible for helping make the experience a comfortable one for the family.

- The family will have an opportunity to talk with the rest of the team during the post-assessment staffing. Any issues of concern that were not addressed during the arena can be discussed during the post-assessment meeting.

Step 4: Post-Assessment Review Meeting

In the arena process, the post-assessment review meeting takes place immediately following the assessment so that the team can share information accurately and in a timely way. If the child is found eligible for early intervention services and the family chooses, the team can continue to meet and develop the IFSP. Together, the review meeting and the IFSP planning

meeting take about one hour, although the timing of the meeting or meetings varies according to the needs of each child and family.

After the arena assessment, child care is offered and the entire team convenes at a round table to discuss and summarize their observations. Family members are asked to share their perceptions of the assessment. Was the child's behavior fairly typical? Did the family feel comfortable with what was happening? Why? The family and primary service provider or service coordinator are asked to share any other information that relates to the child's development.

The post-assessment review meeting is the time for all team members to discuss the child's abilities and needs and to identify possible outcomes on which to base intervention. Child abilities or strengths are discussed before needs. First, family members are asked to share with other team members their impressions of the child's abilities. Other team members share their observations. Family members then share their impressions of the child's needs. These are supported or added to by the other team members. Differences in observations are aired and resolved. Based on this discussion, the team discusses the priorities for intervention.

This meeting is the time for all team members to discuss their observations and express their ideas regarding the child's development. Staff members often have different views about what they saw during the assessment. Family priorities for intervention may not be the same as those of other team members. The meeting is a time to air concerns openly so that a consensus can be reached among team members. It is critical that all members of the team take responsibility for voicing their individual ideas if consensus is to be achieved. Consensus ensures that all opinions have been considered and that the team agrees on a decision that all members are willing to support. The family does remain the ultimate decision maker on the team.

The following statements summarize the post-assessment review meeting:

- Family members are asked to share their perceptions of the assessment. The family is encouraged to share any questions or concerns about the assessment and is supported throughout this process.

- Family members are asked to share what they felt their child did well during the assessment.

- Staff discuss their observations and impressions of child strengths with the team.

- Family members are asked to share their concerns about their child's development or performance during the assessment.

- Staff discuss their concerns about the child.

- Developmental levels in each of five areas are discussed as well as other criteria for eligibility. If the team determines the child to be eligible and the family chooses to participate, the meeting continues.

- Family and staff may share possible outcomes and priorities for the child's development.

- A recorder lists the strengths, concerns, and possible outcomes and priorities generated during the meeting. These notes provide the family with an immediate record of events and provides the staff with a basis for the report.

If the child is found ineligible for early intervention services, team members discuss the reason(s). The family's rights are reviewed. Families are offered help to find more appropriate services if they desire.

If the child is found eligible for early intervention services, the family's rights are reviewed. If the family chooses, an IFSP is developed. Child outcomes are established and, when the family chooses, family outcomes related to enhancing the child's development are also established. The team collaboratively develops a plan that includes all of the contents specified in Part H: *information about child status, family priorities and resources, outcomes, early intervention services, other services, a statement of the natural environment in which services will be provided, duration of services, name of the service coordinator, and steps taken to support transition when appropriate.*

The timing of IFSP development varies according to family preference. Programs choosing *not* to hold the IFSP meeting immediately after the arena assessment should be aware of, and compensate for, the temptation for professionals to discuss assessment results informally and reach conclusions without family participation and decision making. The longer the time period between the end of the assessment and the development of the IFSP plan, the more likely this is to occur.

According to Part H, an IFSP meeting is conducted at least annually with periodic review every six months. In programs of best practice, child assessments are conducted every four to six months because development changes so rapidly in infants and toddlers. IFSPs are working papers that are

regularly reviewed by the family and service coordinator.

The following statements summarize program planning and IFSP development:

- The IFSP is the basis for the services provided to the child and family and is developed by a team that always includes the family.

- The team works toward consensus while understanding and supporting the family's role and responsibility as primary decision maker.

- Beginning with the family, team members share their ideas about desired outcomes. Each team member can help develop all child development goals, not just those related to his or her own discipline.

- The team collectively generates ideas for strategies leading to desired outcomes.

- The family is made aware of their rights and of program and community services from which to choose.

- The team reaches consensus on outcomes, strategies, activities, responsibilities, and time lines for implementation.

- The team shares responsibility for the plan and for the resulting service delivery.

- In the TD model, one person is authorized to act as the primary service provider for the child and family. The primary service provider will be primarily responsible for working toward IFSP outcomes through the process of role transition, relying on colleague specialists for role support as needed.

- A case manager (service coordinator) is identified. The primary service provider may or may not serve as the service coordinator. The family plays an active role in selecting the service coordinator and may choose to serve as service co-coordinator. The service coordinator is the early intervention provider whose skills, abilities, and resources best match the needs of the child and family, or the service coordinator is another person who is qualified to carry out all responsibilities under Part H.

Step 5: Report Writing

The purpose of this step is for the team to write a formal assessment report and IFSP based on decisions made during the post-assessment meeting. The family may choose to participate with staff in the writing process, but they usually do not.

The report writing meeting can take place either on the same day of the assessment or within a few days. The report is written as soon after the assessment as possible so that the information is fresh in team members' minds and so that the family receives a written report in a timely manner. One team member is appointed chairperson and is responsible for conducting the meeting. Word processing capacity can expedite the writing.

The report includes a pertinent history or update provided by the TD primary service provider. The child assessment is a narrative discussing the child's abilities and needs across developmental domains. Disciplinary boundaries are minimized as team members work together to describe team observations. A statement of the child's developmental levels and other eligibility criteria are included in the narrative if the IFSP is developed simultaneously. IFSP components include child outcomes, other outcomes desired by the family, and strategies and services for implementing the plan. Strategies are chosen to be functional and to fit the child's daily life routine and environment. To the greatest extent possible, family outcomes are written in words used by the family during discussions with team members.

A draft of the report is reviewed with the family as soon as possible. When changes are completed, participants sign the final report.

The following statements summarize report writing:

- Soon after developing the IFSP contents, the team meets to draft the assessment report and the IFSP. The family may choose to participate with staff, but they usually do not.

- The report is based on the information and ideas generated at the post-assessment and IFSP development meeting(s). Writing is a group process with one team member serving as recorder for the group.

- The team shares responsibility for ensuring that the report accurately reflects information generated and consensus achieved at the meeting.

- Team members cross disciplinary boundaries to write integrated statements of child behaviors and outcomes based on consensus reached at the meeting.

- Responsibility for editing and obtaining signatures rotates among staff. The primary service provider or service coordinator often fills this role.

- Although the written document should not differ from the decisions reached at the IFSP meeting, family members review the drafts of the assessment report and the IFSP to revise or request revision as needed.

Step 6: Debriefing

The final step of the TD arena assessment process is debriefing. This step provides an opportunity for the staff to review the process used, to discuss its strengths and weaknesses, and to plan for changes in subsequent assessments. The group discusses the assessment process and procedures and the changes that could be made in future assessments. The facilitator and coach discuss how they used the assessment space and toys. Each member of the team is encouraged to share ideas and suggestions. Staff team members also discuss how well they were prepared for the arena by the assessment planning meeting.

Two forms that can be used for debriefing are found in Appendix A:

- Post-Assessment: Reviewing the Process

  "Post-Assessment: Reviewing the Process" is a form that may be used by the team to review and clarify the process of assessment. Questions on the form can structure the discussion.

- Post-Assessment Family Response Sheet

  Written feedback from the family can be obtained using the "Post-Assessment Family Response Sheet". This sheet can be given to family members with a stamped self-addressed envelope with instructions for completing and mailing, or it can be given to the family by the primary service provider during subsequent contacts.

The debriefing is usually held on the same day as the assessment so that it is fresh in the minds of the participants. Debriefing is not a time to discuss individual child or family issues; rather, it is a staff development activity. The debriefing increases the effectiveness of the process by identifying areas in which change or improvement in team interaction or procedures may be needed.

In summary, during debriefing:

- The meeting occurs as soon as possible after the assessment. Family members may choose to attend. It is particularly helpful for a family member who has served as facilitator or coach to take part in the debriefing.

- Team members are encouraged to share their perceptions about the arena assessment process and procedures. They discuss how well prepared they were for the assessment, as well as the extent and quality of information they gathered about the child's development during the assessment.

- The team uses this meeting to improve assessment procedures. The discussion is structured so that each part of the assessment, from the home visit with the family through report writing, can be reviewed.

- Open-ended questions are used to elicit information about team satisfaction with the arena process and the accuracy of the assessment information obtained.

- Based on suggestions of team members, changes in assessment procedures are planned for subsequent assessments.

Summary

Early intervention teams continue to seek models of child assessment that integrate information across disciplines and in which the family plays a primary role on the team. The TD arena assessment model is a six-step process which contains both of these essential components at each step, providing a framework for collaboration and integrated service delivery.

PART IV

SUPPORTING ACTIVITIES

ACTIVITY #1:
REVIEWING THE VIDEO
WITH GUIDED OBSERVATION

Purpose of Activity

The purpose of this activity is to identify the key characteristics of each step of the six-step process.

Time Required

This activity takes approximately 50 minutes. Time is needed to view each section of the six-step process plus about 2-3 minutes to complete the checklist for each section.

Materials

Each participant will need a copy of the *Checklist for Guided Observation* found in Appendix B.

Instructions

1. This activity can be done by an individual or a group.

2. Reposition the tape to the beginning of Step 1: Pre-Assessment Home Visit (approximately 5 minutes from the beginning of the tape).

3. Review the first step, pausing at the end to complete the *Checklist for Guided Observation*.

4. Review each of the other five steps, pausing to complete the checklist.

ACTIVITY #2:
REVIEWING THE VIDEO WITH GUIDED OBSERVATION AND GROUP DISCUSSION OF THE INDIVIDUAL STEPS

Purpose of Activity

The purpose of this activity is to identify the key characteristics that define the TD arena assessment at each step of the six-step process and to synthesize individual observations through group discussion.

Time Required

Approximately 1 hour and 20 minutes

Materials

Each participant will need a copy of the *Checklist for Guided Observation* found in Appendix B.

Instructions

1. This is a group activity.

2. Reposition the tape to the beginning of Step 1: Pre-Assessment Home Visit (approximately 5 minutes from the beginning of the tape).

3. Review Step 1 of the process then complete the *Checklist For Guided Observation*.

4. After the group has completed the checklist, but prior to moving to the next step on the tape, the group members briefly share their observations. The group should focus on specific examples from their observations that contributed to their response on the checklist. (For example: "What did the team members say and do ...")

5. Repeat for each of the remaining steps.

ACTIVITY #3:
GROUP DISCUSSION OF THE TD MODEL AND PROCESS

Purpose of Activity

The purpose of this activity is for participants to apply their understanding of the TD arena assessment process in evaluating the unique contributions of this approach to assessment.

Time Required

Approximately 30-40 minutes

Materials

1. Blank flip chart paper or blank overheads
2. Flip chart stand or overhead projector
3. Markers

Instructions

1. This is a group activity.
2. For each of the key characteristics of the arena assessment process, have the group generate ideas about what is gained and what is lost in comparison to more traditional assessment approaches. These ideas can be written on a flip chart or overhead under two columns labeled "Gained" and "Lost." Characteristics to be discussed can include:
   a. having the family present at the assessment
   b. having one team member act as the hands of all members
   c. holding the meetings immediately after the assessment with family members present

ACTIVITY #4:
ANALYSIS OF CURRENT TEAM PROCESS

Purpose of Activity

The purpose of this activity is to discuss and describe your own team's current approach to assessment.

Time Required

Approximately 60 minutes

Instructions

1. Have individual team members write down descriptors that they believe characterize the current team process in each of the following areas:

   a. Pre-Assessment Activities

      - role of the family
      - role of staff members on the team

   b. Assessment

      - role of the family
      - role of staff members on the team

   c. Post-Assessment Meeting

      - role of the family
      - role of staff members on the team

   d. Program Planning/IFSP Development

      - role of the family
      - role of staff members on the team

2. Encourage individuals to share their perceptions with the entire team.

3. Take time to clarify issues so that the team has one list of descriptors that characterize their assessment process at each of these steps.

4. Discuss how the TD arena process is similar to your team's process and how it is dissimilar from your team's process at each step.

5. If the group would like to pursue further staff development in the area of TD arena assessment, you may wish to proceed to Activity #5.

ACTIVITY #5:
GOAL SETTING BY THE TEAM

Purpose of Activity

The purpose of this activity is to establish plans for improving team interaction during assessment. The activity is designed for groups of people that work together as assessment teams.

Time Required

Approximately 60 minutes

Materials

1. Blank flip chart pages or blank overheads
2. Flip chart stand or overhead projector
3. Markers

Instructions

Use the following steps to identify the areas that the team would like to improve or change in the assessment process and to plan the work of the team.

1. Have individual team members write down 2-3 areas that they would like the team to improve or change.
2. Give each team member a chance to share these ideas with the group. List these on an overhead or flip chart.
3. Have the team rank these areas for change in order of priority.
4. Write a goal statement for each priority area.

5. Once priorities are established, begin to plan the steps that the team will take to implement changes.

   - Establish the strategies or activities that the team will implement.
   - Assign responsibilities and a time line for reaching the goals.

PART V

QUESTIONS FREQUENTLY ASKED ABOUT ARENA ASSESSMENT

QUESTIONS FREQUENTLY ASKED ABOUT ARENA ASSESSMENT

1. What are the purposes of the arena assessment?

   The purposes of the arena assessment are to answer questions that family and staff have about the development of the child, to assist in determining eligibility for early intervention services, and to gather information necessary for program planning.

2. What are the differences between screening, assessment, and diagnostic evaluation?

   Screening is a process for determining whether or not a child needs further assessment/evaluation. Screening instruments such as the Denver Developmental Screening Test are not part of assessment but, rather, precede it. *Diagnostic evaluation* is a process of arriving at a statement of the nature and etiology of the conditions leading to developmental delay. *Assessment*, which is done for the purpose of program planning, does not replace evaluation. Assessment may follow a diagnostic evaluation or may, in fact, suggest the need for additional diagnostic evaluation.

3. How many team members are appropriate for participation in the arena process?

   The video shows a large team participating in the arena. Federal regulations for assessment require participation of representatives from at least two disciplines together with the family. Ideally, in addition to family members and the service coordinator, the team includes those staff whose skills are most directly related to the needs of the child and family. When there are more than seven people on a team, informal consensus decision making is difficult.

4. What is the service coordinator's role in the assessment?

   Federal regulations specify the service coordinator's responsibility for assisting in planning the assessment and IFSP process. While the role of the service coordinator will vary according to state and local options,

the needs of the child and family should determine the role of the service coordinator in assessment.

5. How are assessment instruments used in an arena?

Most professionals agree that no one test provides enough information for planning a child's program. Use of multiple instruments and resources are helpful in reaching a more holistic understanding of the child's unique strengths and needs. Linder's *Transdisciplinary Play-Based Assessment (1990)* provides the reader with a process as well as a comprehensive observation guideline for this approach to assessment instrumentation.

Many TD programs choose criterion-referenced instruments for assessments that cover all developmental domains. Examples are the Early Learning Accomplishment Profile (ELAP) or the Hawaii Early Learning Program (HELP). Adaptive assessment instruments such as the Carolina Curriculum modify items for special disabilities. Other instruments that address social interaction, the environment, or cognitive judgement are alternative ways of assessing child performance. The choice of instrumentation is not made in isolation but must be consistent with the program approach to curriculum and intervention. (See the Meisels & Provence [1989] reference in Appendix C for a resource that lists instruments and their uses.)

6. Can standardized instruments be used in an arena assessment?

In an arena assessment, it is not appropriate to administer instruments that were standardized in an alternate setting. Standardized instruments such as the Bayley or Battelle need to be administered outside the arena setting and according to the instructor's manual. One standardized test, the Mullen Scales of Early Learning, is appropriate to use in an arena assessment.

7. What is the reliability of information gathered in an arena format?

All team members observe the child at the same time during an arena assessment. Common observation among team members of the child's reactions establishes an informal structure for reliability. Although evidence of the effectiveness of the arena assessment process is very limited, Wolery and Dyk (1984) report positive findings in a study comparing the social validity of the arena assessment to an

interdisciplinary assessment process. They found that parents felt more comfortable in the arena assessment, believed the arena provided a truer picture of their children and felt that there was less repetition across disciplinary boundaries.

8. Can an arena assessment team member get enough information without handling the child?

   Professionals using this model are confident that high-quality information for program planning is gathered using this process. However, not all physical or behavioral characteristics are easily assessed. Assessment should be a continuing process with additional information gathered as needed. If members of the team do not feel they have obtained enough information during the assessment, they can schedule additional specialized assessment time. However, if a team is routinely conducting assessments in speech, language, and/or motor development in addition to the arena process, the team should re-examine their purposes for doing arena assessments as well as their role transition processes.

9. Do physical or occupational therapists require a doctor's prescription to participate in the arena?

   All members of the team need to comply with national registration and state licensing and certification requirements. Professionals concerned with legal issues about participation in the assessment may wish to contact their state and/or national professional associations.

   Each state has its own regulations regarding doctor's prescriptions for therapy. In Virginia, for example, a doctor's prescription is required for a physical therapist to assess an infant's development. In an increasing number of states, however, physical therapists have *direct access* for assessment and treatment of a child or other individuals needing physical therapy.

   Regardless of your state's requirements, it is important to keep the child's physicians and other team members informed about the services being provided. With the family's permission, assessment results, plans, and progress should be shared with the child's physicians who have not actively participated in the process.

10. What child behaviors are elicited during assessment?

Behaviors in all developmental areas can be elicited by structuring the arena environment and choosing toys that are interesting to the child. Observing the child's spontaneous and perhaps typical play behaviors can give the team a holistic view of the child's abilities and needs. Behaviors that do not occur spontaneously can be elicited by the assessment facilitator as the child becomes comfortable in the assessment. The facilitator is unlikely to interrupt behaviors such as the "W" sitting seen on the tape unless a team member wants to see the child's response to a change in position. Every effort is made to observe the child's typical and spontaneous behaviors and not to interfere with the child's play.

11. How do you adapt the process for different children and families?

During the pre-assessment meeting, the team discusses how to meet the needs of the child and family during the arena assessment. During the arena, the team should remain flexible enough to adjust to emerging child and family needs. Arena assessments may not be appropriate for all children and families. For example, some families may feel uncomfortable with a large team, or a child may be distracted by observers on the team. Decisions to adapt the assessment should be made with the knowledge of how adaptations can affect the integrity of the TD model.

12. Can family concerns, resources, and priorities be determined during the arena assessment?

Each program should determine the best process for helping families identify concerns, resources, and priorities related to enhancing the development of the child. This is a process that begins prior to child assessment and continues throughout the family's involvement in early intervention. Family interviews and informal conversations are used to the greatest extent possible although other more formal strategies and instruments may also be used. While the program planning meeting is an appropriate time to discuss family priorities to be addressed in the IFSP, families should always be aware of their control over information sharing.

13. Are parents generally satisfied with the arena format for assessment?

Parents completing the "Arena Family Response Sheet" have indicated overwhelmingly their satisfaction with the arena format. Many parents have commented on how well prepared they were for the assessment. Parents have liked having only one person interact with and handle their child while having multiple disciplines present for the assessment. Some parents initially express anxiety about the number of observers, yet most report that they did not notice the observers during the assessment. Parents value highly the process of being involved in the child's assessment.

PART VI

APPENDICES

Appendix A: Assessment Forms

PRE-ASSESSMENT PLANNING WITH FAMILIES

In order to prepare a family for assessment, one member of the team discusses the following information with the family during a pre-assessment visit. The team member explains the assessment process, the family's options for participation, and information the family may need in order to prepare for the assessment. The following form is a guide for the team members planning with the family for assessment. This form is not intended to be given to the family, but includes questions to be asked or information to be shared in an informal way.

Preparing for the Process

_____ An assessment is an important way for us *to find out the kinds of things your child is doing right now*. To do this, a number of people come together with your family to observe how your child interacts with people and toys.

_____ The assessment *will last about 45 minutes to an hour*. Following the assessment, the team will meet to discuss what your child did. During this discussion, called the *post-assessment meeting*, the team will decide whether or not your child is eligible for early intervention services. If you decide to participate in services, the team will talk about what kind of things you want your child to learn. A *primary service provider/service coordinator*, who will work closely with your family, is chosen at this time.

_____ The people taking part in the assessment are *looking for* the way your child plays, the way your child moves big and little muscles, the sounds your child makes or words he or she uses, and what your child seems to understand. If your family has questions or concerns about your child's eating or drinking, there will be time to look at that as well.

_____ One person, called the *assessment facilitator*, will ask your family questions about what your child does and how he or she does it. The facilitator's job is to make the assessment go smoothly for you and your child. The facilitator *may play with the child or ask you to play with your child.*

_____ Usually everyone *sits together on the floor* so you may want to wear comfortable clothes. There will be toys on the floor for your child to play with.

_____ Team members sit nearby around your family, child, and facilitator so that they can see what your child is doing and hear what your family and facilitator are saying.

_____ In order to remember what they see and hear, the team will be *taking some notes.*

_____ Some of the things the *facilitator* asks your child to do will be *very easy and some things will be difficult.* Your child is not expected to be able to do everything. We hope to see the kinds of things your child typically does.

_____ During the assessment, your family and the facilitator may stop playing with your child and just *sit back and watch* what he or she does with different toys.

_____ Since *family members are part of the team*, we hope you will take an *active role* in the assessment. You may want to sit next to your child, offer praise or comfort, make suggestions, show the facilitator how to do an activity, or offer information about your child. *Because your family knows your child better than anyone else, your information is very important.*

_____ (If the assessment is not at home:) Because the assessment may be in a strange environment with new people, children sometimes do not do the things they typically do at home. If your child does not behave like he or she does at home, don't worry. You will *have other chances to tell us what the child does at home,* and there will be time for other team members to see what the child can do.

_____ A form called "Pre-Assessment Family Questionnaire" is available for you to fill out. The purpose of the form is for you to gather information about your child to share during the assessment and to help you to organize your thoughts or questions for the assessment. You can decide whether you want to use the form.

<u>What to Bring to the Assessment</u>

_____ On the day of the assessment, you may want to bring items that will help *make your child comfortable*. You may wish to bring a bottle or snack, a change of clothes, extra diapers, a favorite toy, and so forth. If you have questions or concerns about your child's eating and/or drinking, bring a favorite food and/or drink so the team can watch your child eat or drink and can try to answer your questions.

_____ You may want *to bring a family member or friend* with you for support. It would be helpful to let us know in advance who else will be there. Would you like anyone else to be present for the assessment, such as your social worker?

_____ Bring any *medical reports, evaluations, or other papers* you feel are important to share with the team. You will want to bring the "Pre-Assessment Family Questionnaire" form, if you have used it, and any notes you may have written down as you prepared for the assessment.

Arrangements

_____ What is a good day and time for your family to participate in the assessment?

_____ If you have any questions or concerns, please call:

Name: _____

Address: _____

Phone: _____

_____ Do you have transportation to the assessment? If you have problems, please let us know and we will help you in arrange transportation.

_____ Will you need to make arrangements for child care for your other children? Will you need help?

PRE-ASSESSMENT FAMILY QUESTIONNAIRE

We hope that the answers to these questions will help the team focus and plan your child's assessment. Please write down any observations, concerns, and suggestions that you think will help plan for your child's intervention. You will have a chance to discuss your comments with a team member before the assessment.

1. My child's name is _____, and I would describe him/her in this way:

2. A typical day with my child includes:

3. Things we like to do together (child and family), including daily activities and special outings, are:

4. Progress or recent changes I have seen in my child at home include:

5. Toys and activities my child prefers are:

6. My child is really good at:

7. My child needs help with:

8. My most pressing priorities for my child within the next six months are:

9. How can the early intervention program help me meet these priorities?

10. Questions I want to ask about my child during the assessment are:

Adapted from Project Dakota Family Assessment Focus, Eagan, MN, by Project Trans/Team, Lightfoot, VA.

ABOUT ASSESSMENT DAY

The arena assessment is a time during which the team (the family and service providers) meet to get an idea about the kinds of things your child is doing right now. The assessment will take about 45 minutes to an hour. Afterward, we will discuss together what we all observed, any information you would like us to know about your child, and what activities you would like to try with your child. This meeting is called the Post-Assessment and Program Planning/IFSP Development Meeting and it may take about 45 minutes to an hour.

Several team members from various professional backgrounds will participate in the assessment. They will be looking at the way your child plays with toys, the way he or she uses big and little muscles, the things he or she understands, and the sounds he or she makes. One person will ask you questions and play with your child. This person is called the assessment facilitator. The facilitator's job is to make the assessment go smoothly for you and your child. The other team members will just be watching and taking notes to share with you later. During the assessment, you will not have to worry about talking to all of them.

The facilitator may ask you to try certain activities with your child. Some activities will be harder than others. We do not expect your child to be able to do them all. The facilitator will also want you to tell us about typical things your child does at home. Since you know your child the best, you can provide important information as a member of the team.

Here are a few reminders for assessment day:

- We will spend time on the floor, so you may wish to dress your child and yourself in comfortable clothing.
- If you have any medical or developmental reports you wish to snare with us, please bring them to the assessment.
- You may wish to bring things that make your child comfortable, such as a bottle, a pacifier, a snack, a change of clothing, or a favorite toy.

- A friend or family member is welcome if you want to bring someone with you.
- Transportation can be provided if it is impossible for you to come on your own.
- Baby-sitting can be arranged during the meeting.

A REMINDER:

You have decided that the best day and time to assess your child is on

_____ at _____.

If you have any questions, please call:

Name: _____

Phone: _____

CONSIDERATIONS FOR THE PRE-ASSESSMENT PLANNING MEETING

The purpose of the pre-assessment planning meeting is to determine the procedures that will be used during the assessment and to prepare the team for the assessment. Team members share information needed to make the assessment a comfortable process for the child and family. The team may use the following list of considerations to help plan for the assessment.

In order to plan, the assessment team will need information from the family and other team members. The "Pre-Assessment Family Questionnaire" can be an important source of information about how the family wishes to be involved in the assessment process. It is important to remember that this is not a time to discuss child or family issues that are not relevant to the assessment process. It is a time to prepare for the process of assessment.

Family Participation

- What is the family's desired level of participation? Would they prefer observing, answering questions, or demonstrating child behaviors?
- Are there cultural, language or educational factors that may influence the team's interaction during the assessment and post-assessment? How can we assure that the assessment is appropriate to the family?
- What is the family's knowledge of terminology typically used by professionals?
- What type(s) of questioning works well for this family (open-ended, choice of answers, or yes/no questions)?

The Assessment Environment

- What adaptations to the environment are necessary?
- Will it be necessary to limit distractions, such as visual or auditory distractions, or limit the number of adults present during the assessment?
- Where will the child, family members, facilitator, coach, and observing team members sit during the process?
  - Does the child require a mat, seat, or other equipment?
  - Does the child need specialized positioning using equipment or handling?
  - Where will each adult be positioned in relationship to the child, toys, and other adults?

Toys and Their Presentation

- What is the expected developmental age of the child?
- Will adaptations for toys be necessary?
- How will the toys be arranged (e.g., grouped in baskets, on shelves, spread around at different locations in the room)?
- What order of presentation is required (e.g., are there activities that will tire him or her that should be saved for last)?
- What toys should we select so that we can observe several developmental skills in one play activity?
- Is timing a factor to consider? Is the child's reaction time delayed?

Sequence of Events

- What, if any, amount of time should be scheduled for unstructured play?
- Does the parent or child need time to warm up before the facilitator attempts to elicit behaviors?
- What behaviors, if any, can be elicited best by the family? By other team members? Is the parent willing to assume the role of eliciting child behaviors during the assessment? If so, when should this be scheduled?
- Will handling and/or reflex testing be reserved until the end of the assessment?

Observations of the Child

- In addition to those required, what are the aspects of the child's development to be assessed (e.g., quality of movement, play behavior, feeding, physical therapy evaluation of reflexes)?
- What sequence will allow for the best assessment of the child and the comfort of the family?

Unique Behaviors of the Child That May Affect Performance

- Manipulative Skills
  - What positions allow for the greatest manipulation of objects?
  - What support, if any, is needed in sitting to allow for greater functioning (e.g., table adjusted to chest height)?

- Attending to Objects
  - Does the child need to study the object or person for long periods?
  - Does the child's attention need to be refocused on the activity?
- Elaboration
  - Will the facilitator demonstrate several uses of an object or allow the child to use the toy in several different ways?
- Behaviors
  - At what time of day is the child usually most active and alert?
- Sensory Deficits
  - Does the child exhibit any sensory deficits?
  - If the child has sensory deficits, what adaptation in instrumentation and procedures are necessary?

Other Considerations

- What safety precautions are necessary?
- What pertinent medical or health history influences the child and his/her functioning?
- What should the team keep in mind for program planning?

POST-ASSESSMENT: REVIEWING THE PROCESS

The post-assessment review is an opportunity for team members to discuss the process used during the assessment. Just as during the pre-assessment meeting, the focus of this meeting is to review and clarify the process used. It is not intended to deal with child and family issues.

The meeting occurs soon after the assessment. The family may attend. All other team members are present: facilitator, coach, silent observers, primary service provider, and service coordinator.

The team uses the information gained at this meeting to improve the process of the next assessment. The questions listed below can be used to structure the discussion.

- How satisfied was the team with the assessment?
  - What were some positive things that happened in the assessment today?
  - Were there any problems?
  - Did the facilitator feel comfortable in his/her role?
  - Did team members fulfill their role expectations?
- Was the pre-assessment meeting adequate preparation?
  - Was the facilitator adequately prepared?
  - Were the observers adequately prepared?
  - Was the family adequately prepared?
- Were the observers satisfied with the amount and type of information gathered?
  - For the family?
  - For the child?
  - Were all areas of child behavior addressed?

- Was the structure of the environment adequate for child and family participation?
  - Were toys and furniture placed adequately?
  - Could toys/equipment have been used more effectively? If so, how?
  - Was the position of the family and/or the child appropriate for eliciting behaviors or information?
  - How did the position of facilitator, coach, and other observers affect the assessment?
- Did learning by family and staff take place?
  - Did service providers have the opportunity to practice newly acquired skills?
  - Did the family observe or practice new behaviors?
- What was the effect of the sequence of events on the child and family?
  - Did the family seem comfortable during the assessment?
  - Were the more intrusive activities done at appropriate times?
- What was the family's response to the arena assessment?
  - Did the family participate at their desired level?
  - How could the facilitator have encouraged more participation?
  - Were the questions used by the facilitator appropriate to elicit information from the family (e.g., culturally and educationally sensitive, using understandable phrasing and open-ended questions, if appropriate)?

- Were the family's comments or concerns addressed?
- Was feedback obtained from the family concerning the child's performance?

- Did any unanticipated needs of the child or family emerge?
  - Were those needs addressed by the facilitator and/or the team?
  - Were they addressed adequately?

POST-ASSESSMENT FAMILY RESPONSE SHEET

Following an assessment, many teams find it helpful to get feedback from the family regarding the assessment process. This information can be used to assist teams in improving the quality of the assessment for children and their families. The "Post-Assessment Family Response Sheet" is one way of finding out the family views about the assessment. The sheet can be given to parents at the end of the assessment with a stamped self-addressed envelope with instructions for completing the form and mailing. Another option is that at the next visit the case manager or primary service provider can give the sheet to the family for completion.

POST-ASSESSMENT FAMILY RESPONSE SHEET

We would like to find out how you feel and what you think about the assessment that you and your child participated in. We would like to know what you liked and disliked and how you think we can improve. Please answer these questions as honestly as you can. The information you provide can help us improve the assessment process for both children and their families.

1. Before the arena assessment, someone talked with you about what would happen during the assessment. How well were you prepared for the assessment?

1	2	3	4	5
not so well				very well

2. Was the assessment what you expected or different?

1	2	3	4	5
very different				what I expected

If different, please explain how it was different.

3. Was there anything about the assessment process that you wish you had known before the assessment?

yes ____ no ____

If you answered yes, please tell us what it was you wish you had known before.

4. How comfortable did you feel during the assessment?

1	2	3	4	5
not comfortable				very comfortable

5. In an arena assessment, we try to have only one person talking with you and playing with your child while others just observe. What did you think about this arrangement?

1	2	3	4	5
didn't like it				liked it very much

6. Did you feel like you had enough of an opportunity to ask questions or make comments.

1	2	3	4	5
not enough				plenty

7. Did you feel like you were part of the team?

1	2	3	4	5
not at all				very much a part

8. Did the assessment provide a true picture of your child's skills and abilities?

1	2	3	4	5
not at all				very true

9. What did you like most about the assessment?

10. What did you like least about the assessment?

11. What improvements would you suggest?

Appendix B: Checklist for Guided Observation

CHECKLIST FOR GUIDED OBSERVATION

	Observed	Not Observed
Pre-Assessment Home Visit		
1. Parents are asked to share concerns and priorities for their child.		
2. Parents are given options for participation in the assessment.		
3. Parents are given specific information about what to expect during the assessment.		
4. Parents are given specific information about what to bring to the assessment.		
Pre-Assessment Planning Meeting		
1. A variety of disciplines are represented on the team.		
2. Roles are established for the arena assessment: a. facilitator b. coach c. observer(s)		
3. Information obtained from the family during the home visit is shared with the other team members.		
4. Team members identify what they want to see during the assessment.		
5. Team members identify possible ways to elicit what they want to see.		
6. Team members discuss use of space and materials.		

	Observed	Not Observed
Arena Assessment		
1. Only the facilitator and parent interact with the child.		
2. The coach assists when necessary.		
3. The coach reminds the facilitator of what still needs to be done.		
4. The coach asks if everyone has seen what they need to see.		
5. The facilitator uses strategies to actively include family member(s) during arena.		
Post-Assessment Review Meeting		
1. Home observations and assessment information are combined.		
2. Each person is introduced and disciplines are identified.		
3. Family is asked to provide observations first.		
4. Child strengths are addressed first.		
5. Team members share ideas & concerns.		
6. Options are clarified by the facilitator.		
7. Family priorities are honored.		
8. Outcomes and strategies are identified.		
9. The recorder gives a summary of outcomes and services.		

	Observed	Not Observed
Report Writing		
1. The team works together to develop a single narrative.		
2. Outcomes are stated in ways that reflects decisions made during staffing.		
3. Strategies are matched to family routine.		
4. Individual strategies and activities are designed to support several outcomes.		
5. Arrangements are made for family review of draft.		
6. Revisions are made.		
7. The final document is signed by all the members.		
Debriefing		
1. The team discusses their comfort with roles.		
2. The team evaluates the process used, including space and materials.		
3. The team evaluates the quality of information obtained from arena assessment.		
4. Team members contribute ideas for what to do differently next time.		

Appendix C: Transdisciplinary References

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